

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/089333</b>		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	DEP.
1	1		1						
2		1		1					
3		1		1					
4		1		1					
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TOTAL IND.	3		3						
TOTAL DEP.	14		8						
TOTAL CLAIMS	17		11						

  

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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS